GENEVA COLLEGE REGISTRATION

DATE_____

SPRING SEMESTER 2012-2013

GENEVA I.D.#_____

SOC. SEC. # (first-time student)_____

NAME _____
Last First M.I.

HOME/BILLING ADDRESS _____

_____

CITY_____ STATE _____ ZIP_____

PHONE NO._____ CAMPUS BOX _____

1ST MAJOR _____

CONCENTRATION (if applicable) _____

Adviser's Signature _____

(Adviser must SIGN this sheet **and** RELEASE the hold.)

2ND MAJOR _____

ANTICIPATED MINOR_____

ALSO COMPLETE & SIGN THE BACK OF THIS SHEET

STUDENTS **NOT RETURNING** NOTIFY RESIDENCE LIFE OFFICE

Use course request number (REQ#) for faster WEB registration.

REQ#	ENTIRE COURSE NO. (e.g. ENG 101-31)	COURSE NAME	CREDITS	CIRCLE	PD.	TIME
				M W F	1	8:00 -
				M W F		8:55 AM
				T H	2	8:00 -
				T H		9:20 AM
				M W F	3	9:05 -
				M W F		10:00 AM
				T H	4	9:30 -
				T H		10:50 AM
	Freshman Learning &Transition (1 cr.) meets on Mondays. **Campus Gatherings/Chapel Programs are scheduled during this time slot.**			M M W F	5	10:15 - 11:00 AM
				T H	6	11:00 -
				T H		12:20 PM
				M W F	7	11:15 -
				M W F		12:10 PM
				T H	8	12:30 -
				T H		1:50 PM
				M W F	9	12:20 -
				M W F		1:15 PM
				T H	10	2:00 -
				T H		3:20 PM
				M W F	11	1:25 -
				M W F		2:20 PM
				T H	12	3:30 -
				T H		4:50 PM
				M W F	13	2:30 -
				M W F		3:25 PM
				M W F	15	3:35 -
				M W F		4:30 PM
				APPT.		APPT.
	EVENING CLASSES:					
				Circle One: M T H		
				Circle One: M T H		
				Circle One: M T H		

INDEPENDENT STUDIES (Pink form required); **APPLIED MUSIC OR PRACTICUM** (Blue form required)

LIST COURSES YOU ARE REPEATING _____ TOTAL SEMESTER HOURS_____

OVER

NOT RETURNING STUDENTS

NOTIFY THE RESIDENCE LIFE OFFICE (second floor Student Center)

NEW STUDENTS & **RETURNING STUDENTS** PLEASE COMPLETE THESE ITEMS AS ACCURATELY AS POSSIBLE:

Date of Birth _____

Year First Attended Geneva _____

Class or Special Status:
(Check one or more categories below.)

( ) Freshman
( ) Sophomore
( ) Junior
( ) Senior
( ) Graduating Senior
( ) Graduating Assoc.

( ) New Freshman
( ) New Transfer
( ) Certification (___ELEM, ___SEC, ___BOTH)
( ) Graduate of Geneva _____(year)
( ) Graduate of _____
(copy of transcript or diploma required for new students)
( ) Transient (visitor) from _____
(transient form/school approval required)
( ) Early College/Dual Enrollment (by approval of Director of Admissions)
( ) Readmitted (by application)
( ) DCP Class No._____
( ) Cross-Registration (school approval required)
( ) Aviation at CCBC
( ) P.A.C.E.

Enrollment Status:

( ) Fulltime (12+ hrs)
( ) Halftime (6-11 hrs)
( ) Less-than-half (1-5 hrs)

Housing Status:

( ) Resident Student
( ) Commuter
( ) Off-Campus
(not living with parents)

Gender:

( ) Male ( ) Female

Marital Status:

( ) Single
( ) Married
( ) Separated
( ) Divorced
( ) Widowed

Citizenship:

_____

Religious Affiliation:

_____

Ethnic Background:

Hispanic or Latino ____YES ___NO

Check one or more:

( ) American Indian or Alaska Native
( ) Asian
( ) Black or African-American
( ) Native Hawaiian or Other Pacific Islander
( ) White
( ) 2 or more races

Emergency Phone No.

_____

E-Mail Address

_____

PAYMENT AGREEMENT

IN APPLYING FOR REGISTRATION AT GENEVA COLLEGE, I AGREE TO PAY ALL CHARGES INCURRED IN ACCORDANCE WITH COLLEGE POLICY, INCLUDING INTEREST CHARGES.

_____ _____
Student's Signature **Date**